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7590 01/14/2008 Richard D. Conard Barnes & Thomburg 11 S. Meridian Street					I her State addre trans	Cer eby certify that the se Postal Service we essed to the Mail mitted to the USP	tificate is Fee(s vith suf Stop FO (57	of Mailing or Transity) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the di	nission deposited with the United t class mail in an envelope above, or being facsimile the indicated below.	
Indianapolis, IN 46204					L	Kim Tygee		1 .	(Depositor's name)	
					Ŀ	April K 2	008	Bree	(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		TOR	TOR A		RNEY DOCKET NO.	CONFIRMATION NO.	
10/039,584	10/26/2001		James R. Buechl					5489-69021	2201	
TITLE OF INVENTION: METHOD OF FACILITATING MEDICAL CONSULTATIONS										
APPLN. TYPE	SMALL ENTITY	L ENTITY ISSUE FE		PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	S	720	\$0		\$0		\$720	04/14/2008	
EXAMINER		ART	T UNIT	CLASS-SUBCLASS						
JEAN GILLES, JUDE		_	143	709-203000						
1. Change of correspondence address or indication of "Pee Address" (37 CFR 1.353). Change of correspondence address for Change of Correspondence Address form PTO/SB/12) attended. Fee Address form PTO/SB/12) attended. Fee Address' indication for "Fee Address' Indication form PTO/SB/14; but 90:10 Correspondence Address form Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON										
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the pattent. If an assignce is identified below, the document has been filed for recontation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: //CITY and STATE OR COUNTRY)										
Union Hospital, Inc. Terre Haute, IN										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are submitted: X Itssue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. **Z The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 100-0435 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above) 3. Amplicant claims SMALL ENTITY status. See 37 CFR 1.27. 3. Amplicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
									assignee or other party in	
Authorized Signature	Min	end	100	mard				1, 2008		
Typed or printed name Richard D. Conard Registration No. 27321										
This collection of information is required by 3° CPR 1.11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 3° CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the the USPTO. Time will vary depending upon the individual case, Any comments on the community of the control of the contro										